2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

AND STREET, ST

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P94000057679 04-05-2004 90033 035 ***150 00 **B&HSTEEL COMPANY** Principal Place of Business Mailing Address 44024266 P.O. BOX 606 6711 26TH COURT EAST SARASOTA, FL 34243 ONECO, FL 34264 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State 65-0507223 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHRUM, EARL E Street Address (P.O. Box Number is Not Acceptable) 2432 LANDINGS CIRCLE BRADENTON, FL 34209 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change Addition TITLE Delete TITLE MAME SHRUM, EARL E NAME STREET ADDRESS 2432 LANDINGS CIR STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP VD ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME HOLMAN, ROBERT H NAME STREET ADDRESS 907 NELSON DRIVE STREET ADDRESS MELBOURNE, FL 32940 CITY_ST.7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE ARCIONI, LOUIS R NAME NAME STREET ADDRESS 3211 AVON LANE STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP **X** Change ■ Addition TITLE ST ☐ Delete TITLE NAME ANDERSON, BARBARA J NAME 11436 30TH COVE EAST STREET ADDRESS STREET ADDRESS 4314 11TH AVE EAST BRADENTON, FL 34208 CITY-ST-ZIP PARRISH, FL 34219 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this importance by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to ave changed, or on an attachment with an address, with all others 04-01-2004 941-756-8468 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED